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IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Stephen J. Reinl and Patricia C. Edwards  
APPLICATION NO.: 10/679,620  
FILING DATE: October 3, 2003  
TITLE: Multimeric Protein Engineering  
EXAMINER: Not yet assigned  
GROUP ART UNIT: 1644  
ATTY. DKT. NO.: 34150/0008

**CERTIFICATE OF MAILING**

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Dated: 8-10-04

By: Connie Evenich

Connie Evenich

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**REQUEST FOR CORRECTED FILING RECEIPT**

SIR:

Applicants request the following correction to the Official Filing Receipt for the above-referenced patent application. In the Section entitled "Domestic Priority data as claimed by applicant," please remove the line stating, "Data provided by applicant is not consistent with PTO records." We have corrected the discrepancy via a preliminary amendment, a copy of which is attached. Also attached is a marked-up filing receipt showing the requested change.

Please issue a corrected Filing Receipt rectifying this error.

Respectfully submitted,

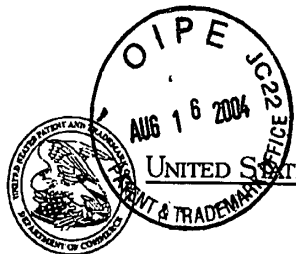
Dated:

8/10/04

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|------------|---------------------------|----------|---------------|-----------------|----------|----------|----------|
| 10/679,620 | 10/03/2003                | 1644     | 697           | 34150/0008      | 11       | 26       | 9        |

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CONFIRMATION NO. 8138

## FILING RECEIPT



\*OC000000011993978\*

Date Mailed: 03/01/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Stephen J. Reinl, Sacramento, CA;  
 Patricia C. Edwards, Sacramento, CA;

## Domestic Priority data as claimed by applicant

This appln claims benefit of 60/415,940 10/03/2002 \*

~~(\*) Data provided by applicant is not consistent with PTO records.~~

## Foreign Applications

If Required, Foreign Filing License Granted: 01/30/2004

Projected Publication Date: 06/10/2004

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Multimeric protein engineering



PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|                                                                                         |   |                        |                  |
|-----------------------------------------------------------------------------------------|---|------------------------|------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) |   | Application Number     | 10/679,620       |
|                                                                                         |   | Filing Date            | October 3, 2003  |
|                                                                                         |   | First Named Inventor   | Stephen J. Reinl |
|                                                                                         |   | Art Unit               | 1644             |
|                                                                                         |   | Examiner Name          | Not yet assigned |
| Total Number of Pages in This Submission                                                | 8 | Attorney Docket Number | 34150/0008       |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Request for Corrected Filing Receipt<br>Copy of Filing Receipt<br>Copy of Preliminary Amendment<br>Return postcard |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Firm Or Individual name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Michelle L. Samoner                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8/10/04                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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| Typed or printed name                                                                                                                                                                                                                                                                                         | Connie Evenich |              |
| Signature                                                                                                                                                                                                                                                                                                     |                | Date 8-10-04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.